

FEDERAL EMERGENCY MANAGEMENT AGENCY  
GENERAL ADMISSIONS APPLICATION

See Reverse for  
Privacy Act Statement

O.M.B. No. 3067-0024  
Expires September 30, 1999

SECTION I - GENERAL INFORMATION

1. U.S. Citizen ☐ YES ☐ NO If No, Place of Birth:

2. NAME (As you would like it to appear on your certificate  
Last, First, Middle, Suffix)

3. DATE OF BIRTH  
(Mo. Day, Yr.)

4. SOCIAL SECURITY NO.

5. SEX  
☐ Male  
☐ Female

6a. HOME ADDRESS (Street, avenue, road no./city or town/state and zip code)

7a. WORK PHONE NO. ( )

7b. HOME PHONE NO. ( )

7c. FAX NO. ( )

8. PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOU AND YOUR ANCESTRAL HERITAGE (Providing this information is voluntary)

1. ☐ AMERICAN INDIAN or ALASKAN NATIVE 2. ☐ ASIAN or PACIFIC ISLANDER  
3. ☐ BLACK, not of Hispanic origin 4. ☐ WHITE, not of Hispanic origin 5. ☐ HISPANIC

9a. ENTER COURSE CODE AND TITLE:

9b. COURSE LOCATION

9c. DATES REQUESTED (Please give three choices)

10. COMPLETE THE ITEM BELOW REGARDING THE PRE-REQUISITES OF THE COURSE(S) FOR WHICH YOU ARE APPLYING

INSTITUTION

DEGREE/CERTIFICATE

DATE EARNED

COURSE/FIELD OF STUDY

11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT NETC? ☐ NO ☐ YES (If yes describe & indicate any special considerations required on a separate sheet)

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

12b. NFIRS #  
(NFA ONLY)

13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION

14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

14a. JURISDICTION

1. ☐ STATEWIDE 4. ☐ SPECIAL DISTRICT/TOWNSHIP 7. ☐ FOREIGN  
2. ☐ COUNTY GOVERNMENT 5. ☐ FEDERAL/MILITARY 8. ☐ FEMA  
3. ☐ CITY/TOWN/VILLAGE 6. ☐ INDUSTRY/BUSINESS 9. ☐ NDER/IMA

14b. ORGANIZATION

1. ☐ ALL CAREER  
2. ☐ ALL VOLUNTEER  
3. ☐ COMBINATION

15. CURRENT STATUS

1. ☐ PAID FULL TIME  
2. ☐ PAID PART TIME  
3. ☐ VOLUNTEER  
4. ☐ DISASTER RESERVIST

16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented, indicating your position. If you need more space, please attach a sheet to this application.

17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

17a. PRIMARY RESPONSIBILITY

1. ☐ MANAGEMENT  
2. ☐ TRAINING/EDUCATION  
3. ☐ SCIENTIFIC/ENGINEERING  
4. ☐ INVESTIGATION  
5. ☐ FIRE PREVENTION  
6. ☐ FIRE SUPPRESSION  
7. ☐ PROGRAM/ACTIVITY  
8. ☐ HEALTH  
9. ☐ PUBLIC WORKS  
10. ☐ DISASTER RESPONSE/RECOVERY  
11. ☐ EMERGENCY MEDICAL SERVICES  
12. ☐ HAZARD MITIGATION  
13. ☐ EMERGENCY PREPAREDNESS  
14. ☐ OTHER (Specify)

17b. TYPE OF EXPERIENCE

1. ☐ INCIDENT COMMAND  
2. ☐ ADMINISTRATION/STAFF SUPPORT  
3. ☐ SUPERVISION  
4. ☐ BUDGET/PLANNING  
5. ☐ PROGRAM DEVELOPMENT/DELIVERY  
6. ☐ COORDINATION/LIAISON  
7. ☐ PUBLIC EDUCATION  
8. ☐ CODE DEVELOPMENT  
9. ☐ CODE ENFORCEMENT/INSPECTION  
10. ☐ SUPPORT SERVICES  
11. ☐ RESEARCH AND DEVELOPMENT  
12. ☐ ARSON  
13. ☐ LAW ENFORCEMENT  
14. ☐ DESIGN AND PLANNING  
15. ☐ OTHER (Specify)

17c. NUMBER OF YEARS OF EXPERIENCE

### SECTION III - ENDORSEMENT AND CERTIFICATION

- 18 a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).
- 18 b. I hereby authorize the release of any and all information concerning my enrollment in this course to the the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.
- 18 c. Further, I understand that the National Emergency Training Center (NETC) is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- 18d. I agree to abide by the rules, policies, and regulations of NETC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future NETC courses.

SIGNATURE OF APPLICANT

DATE

#### 19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION:

19a. SIGNATURE

19b. PRINTED NAME AND TITLE

#### 20. Additional endorsements for application to the Emergency Management Institute and VIP:

20a. SIGNATURE AND DATE (State Office)

20b. SIGNATURE AND DATE (FEMA Regional Office)

21a. FOR NFA COURSES DELIVERED IN EMMITSBURG, MD.  
SUBMIT APPLICATION TO:

NATIONAL EMERGENCY TRAINING CENTER  
OFFICE OF ADMISSIONS, BLDG. I-216  
16825 SOUTH SETON AVENUE  
EMMITSBURG, MD. 21727

21b. FOR EMI COURSES IN EMMITSBURG, MD., SUBMIT  
APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY  
MANAGEMENT COORDINATOR AND FEMA REGION TO NETC.

21c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO  
APPROPRIATE SPONSOR.

25. DISPOSITION

☐ ACCEPTED

☐ REJECTED

SIGNATURE OF REVIEWER

DATE

### PRIVACY ACT STATEMENT

**GENERAL** - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to the National Fire Academy (NFA) or the Emergency Management Institute (EMI).

**AUTHORITY** - Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301, 44 U.S.C. 3101, 50 U.S.C. App. 2253, E.O. 12127 and E.O. 12148.

**PURPOSES AND USES** - The principal purpose of the information requested on this form will be used to determine eligibility for attendance and benefits to be gained. Information such as age, sex, and ancestral heritage are used for statistical purposes and may be a factor in enhancing cultural diversity in the class room. Information may be used by FEMA Staff to analyze application and enrollment patterns for specific courses. If accepted for admission, certain information may be released to a physician to provide medical assistance to students who become ill or are injured during courses; to Members of the Boards of Visitors for the purpose of evaluating the participants of the courses; to sponsoring states, local officials, or State training agencies to update statistics of NFA and EMI applicants from their states or local jurisdictions; to a Member of Congress in response to an inquiry made at your request. Information will only be used or released as permitted by law.

**EFFECTS OF NONDISCLOSURE** - Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in a delay in processing your application.

**Information Regarding Disclosure of Your Social Security Number Under PL-579, Section 7(b)** - Solicitation of the SSN is authorized under provision of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary and is only for recordkeeping purposes. If you do not provide your SSN, a system identification number will be assigned to you for recordkeeping purposes. The SSN is used as an identifier to match the person completing the training with the correct master record in order to better assist you in obtaining certifications of completed courses. The use of the SSN is necessary because of the large numbers of individuals who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

### PAPERWORK BURDEN DISCLOSURE NOTICE

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